

DOCUMENTATION OF A PHYSICAL EXAMINATION

The physical examination shall include:

- (a) rule out infectious disease, pulmonary, liver, and cardiac abnormalities, and dermatology sequelae of addiction; and
- (b) include a determination of the patient's vital signs (temperature, pulse, blood pressure, and respiratory rate); a medical examination of the head, ears, eyes, nose, throat (thyroid), chest (including heart, lungs, and breasts), abdomen, extremities, skin, and neurological assessment; and the physician's overall impression of the patient.

Please check the items completed during the exam of _____:

Name of Patient

_____ Physical	_____ STD test
_____ TB test	_____ Measles test
_____ Chicken pox test	_____ Hepatitis A test
_____ Lice (head) test (optional)	_____ Hepatitis B test
_____ Lice (body) test (optional)	_____ Hepatitis C test
_____ Birth control discussed	_____ Rubella
_____ Contagious Conditions _____	
_____ Other _____	

☐ Follow-up needed

Date of next appointment _____

Medications prescribed (include dose and frequency) _____

Physician's comments _____

Date: _____

Signature of Patient (optional)

Signature of Health Provider